

Exhibit “X”

Exhibit “X”

REDACTED



RMIS-51

FEB 04 2015

Statement of Claim for Death Benefit

John Hancock Life Insurance Company (U.S.A.)
(hereinafter referred to as The Company)

Mailing Address:

John Hancock
Attn: Life Claims Services R-03
1 John Hancock Way Suite 1105
Boston MA 02217-1105

Courier Address:

John Hancock
Life Claims Services R-03
27 Drydock Ave Suite 3
Boston MA 02210-2382

Telephone Inquiries

Customers before 1/1/2005
1-800-732-5543Originally a Manulife Customer or Customer after 12/31/2004
1-800-387-2747

Complete, sign and return the form together with the insurance policy and a certified death certificate, which indicates the cause and manner of death of the insured person. Additional requirements may also be requested depending on the circumstances.

You, your and yourself refer to the person(s), Trustee(s) or Entity claiming the death benefit, whichever is applicable to the policy(ies).

A - LIST ALL POLICY NUMBERS IF YOU ARE CLAIMING THE DEATH BENEFIT FOR MORE THAN ONE POLICY

Policy Number(s)

a) 8 1 5 5 6 8 5 4 b) c)

B - TELL US ABOUT THE PERSON INSURED BY THE POLICY(IES)

| | | | | |
|-----------------------|-----------------|--------------------------------------|-------------------|-------------------|
| a) Name | Alfred | Villalobos | b) Date of Birth | |
| | First | Middle | Last | month day year |
| c) Also known as Name | | | d) Place of Birth | Los Angeles USA |
| | First | Middle | Last | City Country |
| e) Address | 1000 Holly Lane | Lake Village Zephyr Cove | NV | 89449 |
| | Street Address | City | State | Zip Code |
| f) Date of Death | 0 1 1 3 2 0 1 5 | g) State of Residence Prior to Death | NV | h) Place of Death |
| | month day year | | | Reno, NV |
| i) Cause of Death | Gunshot | | | |
| j) Employer's Name | Retired | | | |
| k) Employer's Address | | | | |
| | Street Address | City | State | Zip Code |

C - READ THIS SECTION CAREFULLY IF THE NAMED BENEFICIARY(IES) IS NOT ALIVE

If the last known beneficiary(ies) of the policy(ies) has died, please send us a copy of the beneficiary's death certificate.

D - TELL US ABOUT THE CLAIMANT OF THE DEATH BENEFIT PROCEEDS

i.e., individual, company, executor or trustee, whichever is applicable for this policy(ies).

| | | | | | | |
|---|-----------------------|----------------------------|-------------------------|---------------------|--|---------------------------------|
| a) Name | Daniel | E. | Apodaca | b) Gender | <input checked="" type="checkbox"/> Male | <input type="checkbox"/> Female |
| | First | Middle | Last | | | |
| c) Address | 301 E. Colorado Blvd. | Pasadena | CA | 91101 | | |
| | Street Address | City | State | Zip Code | | |
| d) Mailing Address (if different than Street Address) | | | | | | |
| | Street Address | City | State | Zip Code | | |
| e) Date of Birth | | f) Relationship to Insured | g) Telephone No. | | | |
| | month day year | Business Associate | Business (626) 449-6262 | Home (626) 798-9977 | | |
| h) E-mail Address | | i) Fax No. | | | | |
| j) In what capacity are you claiming the death benefit? | | | | | | |
| <input type="checkbox"/> Named Beneficiary - Please complete one form for each named beneficiary and if a beneficiary is former spouse, include copy of divorce settlement. <input type="checkbox"/> Executor or Administrator - Please send a court certificate of appointment. <input checked="" type="checkbox"/> Trustee <input type="checkbox"/> Legal Guardian - Please send a court certificate of appointment. <input type="checkbox"/> Other - | | | | | | |

EXHIBIT - X

E - SETTLEMENT OPTIONS

☒ I want a lump sum payment by: ☐ Check or ☒ Electronic Fund Transfer/Wire (EFT only available for policies issued after December 31, 2004.)

☐ I want a John Hancock Safe Access Account

If no selection is made, a check will be issued. If EFT is selected, please complete the Electronic Funds Transfer information on page 7.

F - STATEMENT OF LOST OR DESTROYED POLICY

Check this box if the policy is lost or destroyed:

☒ The undersigned hereby represents that the above numbered policy was lost or destroyed. This policy is not now assigned, nor has it been otherwise transferred or encumbered in any manner. No person, firm or corporation has or claims the right to possession of this policy.

G - FORM 712 (LIFE INSURANCE STATEMENT)

If you require an IRS Form 712 (Life Insurance Statement) for estate tax purposes, please check this box. ☐

H - READ THIS SECTION CAREFULLY AND COMPLETE IT ONLY IF YOU ARE A TRUSTEE OF THE TRUST THAT IS CLAIMING THE PROCEEDS OF THIS POLICY(IES).

a) Name of Trust Villalobos Life Insurance Trust

b) Date of Trust 0 7 | 0 2 | 2 0 1 2
month day year

c) Name of Trustees Daniel E. Apodaca

If more than one trustee, all trustees must complete and sign this form

Certification

If you have completed this section, you are making the following commitments when you sign this form:

- You certify that you are the trustee(s) of the trust named above.
- You certify that you have the right under the trust to act as the claimant for the policies named in this form.
- You agree that John Hancock doesn't have to determine the original terms of the trust or any revisions to them. You also agree that John Hancock shall not be charged with the knowledge of the trust's provisions. You confirm that neither John Hancock nor its representatives are responsible for inquiring into or shall be charged with the knowledge of the terms of the trust.
- You agree that John Hancock may discharge its obligations under the policies named in this form by relying solely on the signature of the trustee(s) or successor trustee(s) on this form.
- You agree that proof of payment to the trustee(s) of the death claim proceeds will be final and conclusive evidence that payment was made and that all claims and demands of the trustee(s) against John Hancock will have been satisfied.

I - GENERATION-SKIPPING TRANSFER TAX

Are the death benefit proceeds subject to the Generation-Skipping Transfer Tax? ☐ Yes ☒ No

If you answered 'Yes' above, and the proceeds are greater than \$250,000, please submit a Schedule R-1 of IRS Form 706.

J - ADDITIONAL INFORMATION

Complete if any family members are covered under the insurance being claimed.

Please list the names and birth dates of all children born of the marriage of the insured and the insured's Spouse, or of children acquired by the insured as stepchildren or legally adopted children. Please list only living children who have not reached their 25th birthday.

| Full Name of Child/Spouse | Relationship to Insurer | Social Security Number | Birthdate | | | Gender | |
|---------------------------|-------------------------|------------------------|-----------|-----|------|--------------------------|--------------------------|
| | | | month | day | year | M | F |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

Is there any possibility of a posthumous child (a child born after the death of the father)?

☐ Yes ☐ No

K - ALL INDIVIDUAL CLAIMANTS OR TRUSTEES OR EXECUTORS MUST SIGN HERE AND HAVE THEIR SIGNATURE WITNESSED BY A DISINTERESTED THIRD PARTY.

Any person who knowingly and with intent to defraud any insurance company or other persons, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, is subject to criminal prosecution and/or civil penalties. By signing below, you agree under penalties of perjury that the information in this statement is complete and true to the best of your knowledge (please sign as you would sign a check). Refer to "Fraud Warning Notices" insert for your state.

To the extent proceeds are settled by lump sum into a John Hancock Safe Access Account, you further agree to the terms and conditions set forth in the John Hancock Safe Access Account Supplemental Contract, which together with this Statement of Claim forms the entire agreement between you and John Hancock.

Signed at City State This Day of Year
 Pasadena CA 2nd February 2015

Signature of Claimant, Trustee(s), Executor or Signing Officer

X [Signature], Trustee

Signature of Witness

X [Signature]

L - SIGNATURES - ALL CORPORATE CLAIMANTS MUST SIGN HERE AND HAVE THEIR SIGNATURE WITNESSED BY A DISINTERESTED THIRD PARTY

Any person who knowingly and with intent to defraud any insurance company or other persons, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, is subject to criminal prosecution and/or civil penalties. By signing below, you agree under penalties of perjury that the information in this statement is complete and true to the best of your knowledge (please sign as you would sign a check). Refer to "Fraud Warning Notices" insert for your state.

Corporations making a claim must provide either:

- The title and signature of one signing officer along with the corporate seal, or
- Signatures of two signing officers with their titles and the Corporation Name.

Signed at City State This Day of Year

Signature of the First Signing Officer

Name and Title of the First Signing Officer and the Name of Corporation

X

Signature of Witness

X

Signed at City State This Day of Year

Signature of the Second Signing Officer

X

Signature of Witness

X

By providing this form or other claim forms for the convenience of the claimant, John Hancock does not admit any liability or waive any of its rights.



Electronic Funds Transfer Information - Disbursement

The information below needs to be completed if you wish to have your disbursement electronically wired to your bank.

IMPORTANT: In order to expedite your request, please also provide a void check in addition to completing this form.

This form and the void check need to be provided in addition to the other forms in the package you have received.
The funds will only be released if all requirements have been met.

Insured Name Alfred Villalobos

Policyowner's Name Villalobos Life Insurance Trust

Policy No. 81556854

Name of Bank Citibank, N.A.

Name of Account Holder Villalobos Life Insurance Trust

Owner's Account No. 7143

Address of Bank 315 E Colorado Blvd.

City, State, Zip Code Pasadena, CA. 91101

Bank Telephone No. (include area code) 626-585-3631

Bank ABA/Routing (9 digits)

(ABA number must be specific for a Wire transfer) 1724

Attention/Re: _____

For Credit to the Account of Villalobos Life Insurance Trust

Date 2/3/2015

Signature of Owner/Trustee [Signature]

Signature of Collateral Assignee _____

Name - please print

DANIELE A. PRACA

Title TRUSTEE

February 3, 2015

Attn: Mr. Nazim Shaw
John Hancock Life Claims Services R-03
27 Drydock Ave., Suite 3
Boston, MA. 02210-2382

Dear Mr. Nazim Shaw,

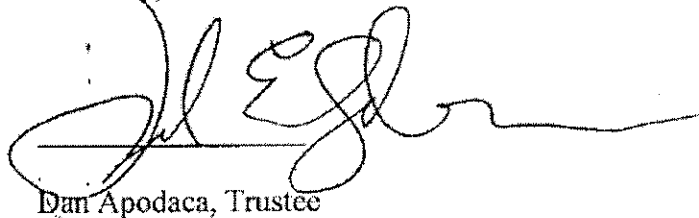
SUBJECT: DEATH BENEFIT CLAIM FOR POLICY # 81556854

Enclosed are the following documents for the deceased, Alfred Villalobos:

- Statement of Claim for Death Benefit
- Electronic Funds Transfer Information – Disbursement
- W-9
- Copy of the Villalobos Life Insurance Trust (See Sec. 1.3, 1.4 and Signature Page)
- Death Certificate

I kindly request you to expedite the claims process. Should you have any questions, please feel free to contact me at (626) 449-6262.

Sincerely,



Dan Apodaca, Trustee

Exhibit “Y”

Exhibit “Y”

ALAN R. SMITH, ESQ.

LAW OFFICES OF
ALAN R. SMITH
505 RIDGE STREET
RENO, NEVADA 89501

AREA CODE (775)
786-4579
FAX NO. 786-3066
EMAIL: mail@asmithlaw.com

February 6, 2015

Via Facsimile (617) 572-1571

John Hancock Trust Service Center R-02
1 John Hancock Way, Suite 1350
Boston, MA 02217

Re: Alfred J.R. Villalobos/Arvco Capital Research, LLC

To Whom It May Concern:

My name is Holly E. Estes, Esq., of the Law Offices of Alan R. Smith, 505 Ridge Street, Reno, Nevada, 89501, (775) 786-4579, estes@asmithlaw.com. We are the Court appointed attorneys for the Chapter 7 Trustee, Christina Lovato, in the Chapter 7 bankruptcy cases filed in the United States Bankruptcy Court, District of Nevada, In Re Alfred J.R. Villalobos, Case No. BK-N-10-52248-GWZ, In Re Arvco Capital Research, LLC, Case No. BK-N-10-52249-GWZ, In Re Arvco Financial Ventures, LLC, Case No. BK-N-10-52251-GWZ, and In Re Arvco Art, Inc., Case No. BK-N-10-52252 (the "Estates"). I have attached hereto the Order Approving Ex Parte Application To Employ Law Offices Of Alan R. Smith As Counsel For The Chapter 7 Trustee for your reference.

This letter is being sent pursuant to Nevada Revised Statute 687B.260. I am writing to inform you that we are in the process of investigating whether the Estates have a claim to recover for transfers made or premiums paid with intent to defraud creditors on any life insurance policy issued by you where:

- (a) Alfred James Robles Villalobos, aka Alfred J.R. Villalobos, aka Alfred Robles Villalobos, aka Alfred R. Villalobos, aka A.J. Villalobos, aka Al Villalobos, aka Alfred Villalobos, deceased, Arvco Capital Research, LLC, a Nevada limited liability company, Arvco Financial Ventures, LLC, a Nevada limited liability company, Arvco Art, Inc., a Nevada corporation, the Alfred James Robles Villalobos Defined Benefit Plan And Trust dated January 1, 2004, the Alfred James Robles Villalobos Defined Benefit Plan And Trust dated January 1, 2004, the Alfred James Robles Villalobos

EXHIBIT

Y

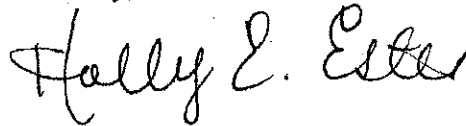
Voluntary Employee Welfare Benefit Plan Trust Agreement dated December 1, 2006, the Alfred J.R. Villalobos Family Trust dated April 12, 2007, the Alfred R. Villalobos 2008 Life Insurance Trust Agreement dated January 23, 2008, the Villalobos Life Insurance Trust dated June 25, 2012, VFT, Incorporated, a Nevada corporation, The Adriana Ivette Villalobos Trust dated January 23, 2008, The Alfred James Villalobos Education Trust dated April 12, 2007, The Carrissa Dolores Villalobos Education Trust dated April 12, 2007, The Christian Villalobos Education Trust dated April 12, 2007, the Emiliano Villalobos Education Trust dated April 12, 2007, or The Jessica Kinley Rae Villalobos Education Trust dated April 12, 2007, is an owner;

- (b) Alfred James Robles Villalobos, aka Alfred J.R. Villalobos, aka Alfred Robles Villalobos, aka Alfred R. Villalobos, aka A.J. Villalobos, aka Al Villalobos, aka Alfred Villalobos, deceased, Arvco Capital Research, LLC, a Nevada limited liability company, Arvco Financial Ventures, LLC, a Nevada limited liability company, Arvco Art, Inc., a Nevada corporation, the Alfred James Robles Villalobos Defined Benefit Plan And Trust dated January 1, 2004, the Alfred James Robles Villalobos Defined Benefit Plan And Trust dated January 1, 2004, the Alfred James Robles Villalobos Voluntary Employee Welfare Benefit Plan Trust Agreement dated December 1, 2006, the Alfred J.R. Villalobos Family Trust dated April 12, 2007, the Alfred R. Villalobos 2008 Life Insurance Trust Agreement dated January 23, 2008, the Villalobos Life Insurance Trust dated June 25, 2012, VFT, Incorporated, a Nevada corporation, The Adriana Ivette Villalobos Trust dated January 23, 2008, The Alfred James Villalobos Education Trust dated April 12, 2007, The Carrissa Dolores Villalobos Education Trust dated April 12, 2007, The Christian Villalobos Education Trust dated April 12, 2007, the Emiliano Villalobos Education Trust dated April 12, 2007, or The Jessica Kinley Rae Villalobos Education Trust dated April 12, 2007, is a beneficiary; and/or
- (c) Alfred James Robles Villalobos, aka Alfred J.R. Villalobos, aka Alfred Robles Villalobos, aka Alfred R. Villalobos, aka A.J. Villalobos, aka Al Villalobos, aka Alfred Villalobos, deceased, Arvco Capital Research, LLC, a Nevada limited liability company, Arvco Financial Ventures, LLC, a Nevada limited liability company, Arvco Art, Inc., a Nevada corporation, the Alfred James Robles Villalobos Defined Benefit Plan And Trust dated January 1, 2004, the Alfred James Robles Villalobos Defined Benefit Plan And Trust dated January 1, 2004, the Alfred James Robles Villalobos Voluntary Employee Welfare Benefit Plan Trust Agreement dated December 1, 2006, the Alfred J.R. Villalobos Family Trust dated April 12, 2007, the Alfred R. Villalobos 2008 Life Insurance Trust Agreement dated January 23, 2008, the Villalobos Life Insurance Trust dated June 25, 2012,

VFT, Incorporated, a Nevada corporation, The Adriana Ivette Villalobos Trust dated January 23, 2008, The Alfred James Villalobos Education Trust dated April 12, 2007, The Carrissa Dolores Villalobos Education Trust dated April 12, 2007, The Christian Villalobos Education Trust dated April 12, 2007, the Emiliano Villalobos Education Trust dated April 12, 2007, or The Jessica Kinley Rae Villalobos Education Trust dated April 12, 2007, paid any of the life insurance premiums on any life insurance policy issued by you.

Thank you for your attention to this matter and please do not hesitate to contact me should you have questions.

Sincerely,

A handwritten signature in black ink that reads "Holly E. Estes". The signature is written in a cursive, flowing style.

Holly E. Estes, Esq.

HEE/dlg

Enc.

cc: Christina Lovato, Trustee

Case 10-52248-gwz Doc 2221 Entered 01/15/15 15:51:37 Page 1 of 2

Gregg W. Zive
 Honorable Gregg W. Zive
 United States Bankruptcy Judge



Entered on Docket
 January 15, 2015

ALAN R. SMITH, ESQ.
 Nevada Bar No. 1449
 HOLLY E. ESTES, ESQ.
 Nevada Bar No. 11797
 Law Offices of Alan R. Smith
 505 Ridge Street
 Reno, Nevada 89501
 Telephone (775) 786-4579
 Facsimile (775) 786-3066
 E-mail: mail@asmithlaw.com

ELECTRONICALLY LODGED
 January 15, 2015

Proposed Counsel for Chapter 7 Trustee

UNITED STATES BANKRUPTCY COURT
 DISTRICT OF NEVADA

—ooOoo—

In Re:

ALFRED J.R. VILLALOBOS,

Case No. BK-N-10-52248-GWZ
 Chapter 7

Substantively Consolidated with:

- ☐ Affects this Debtor
☒ Affects all Debtors
☐ Affects Arvco Capital Research, LLC
☐ Affects Arvco Financial Ventures, LLC
☐ Affects Arvco Art, LLC

10-52249 Arvco Capital Research, LLC
 10-52251 Arvco Financial Ventures, LLC
 10-52252 Arvco Art, Inc.

ORDER APPROVING EX PARTE
APPLICATION TO EMPLOY LAW
OFFICES OF ALAN R. SMITH AS
COUNSEL FOR THE CHAPTER 7
TRUSTEE

Debtor.

Hearing Date: N/A
 Hearing Time: N/A

There having been filed on January 15, 2015, an *Ex Parte* Application To Employ
 Law Offices Of Alan R. Smith As Counsel For The Chapter 7 Trustee and good cause
 appearing therefor,

Law Offices of
 ALAN R. SMITH
 505 Ridge Street
 Reno, Nevada 89501
 (775) 786-4579

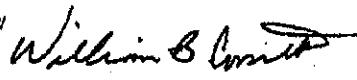
H:\Villalobos\Employ\Ord App Empl ARS Cnsl Ch 7 Ttee (Rev) 011515-dlg.wpd

Case 10-52248-gwz Doc 2221 Entered 01/15/15 15:51:37 Page 2 of 2

1 IT IS HEREBY ORDERED that the employment of the Law Offices of Alan R.
2 Smith, as counsel for the Chapter 7 Trustee, CHRISTINA W. LOVATO, in these bankruptcy
3 proceedings, shall be, and the same hereby is, authorized and approved effective as of the
4 date herein, and

5 IT IS HEREBY FURTHER ORDERED that the Law Offices of Alan R. Smith shall
6 be compensated at reasonable rates as approved by the Court upon future application.

7 APPROVED:



8
9 William B. Cossitt, Esq., #3484
Trial Attorney for United States Trustee.
Tracy Hope Davis
10

11 PREPARED AND SUBMITTED BY:
12 LAW OFFICES OF ALAN R. SMITH

13 By: /s/ Holly E. Estes
14 HOLLY E. ESTES, ESQ.
Proposed Attorney for Chapter 7 Trustee
15

16 IT IS SO ORDERED
17

18 ###
19
20
21
22
23
24
25
26
27
28

Exhibit “Z”

Exhibit “Z”

P. 1

* * * Communication Result Report (Feb. 6. 2015 3:56PM) * * *

2}

Date/Time: Feb. 6. 2015 3:54PM

| File No. Mode | Destination | Pg(s) | Result | Page Not Sent |
|------------------|-------------|-------|--------|------------------|
| 3444 Memory TX | 16175721571 | P. 6 | OK | |

Reason for error

E. 1) Hang up or line fail

E. 3) No answer

E. 5) Exceeded max. E-mail size

E. 2) Busy

E. 4) No facsimile connection

Law Offices of Alan R. Smith

505 Ridge Street
Reno, Nevada 89501
(775) 786-4579
(775) 789-3080 (fax)

Alan R. Smith, Esq.

FAX COVER SHEET

TRANSMITTED TO:

TO: Person Most Knowledgeable FAX #: (617) 572-1571
John Hancock Life Insurance Co.

FROM: Holly E. Estes, Esq.

CLIENT/

MATTER: Alfred J.R. Villalobos Case No. BK-N-10-52248-GWZ

DATE: February 6, 2015

| DOCUMENTS | NUMBER OF PAGES |
|--|--------------------|
| Subpoena In A Case Under The Bankruptcy Code | 5 + cover page = 6 |

MESSAGE:

The documents contained in this facsimile message in transmission protected by attorney-client privilege and attorney work product privilege. It is intended only for the use of the individual named above and the privilege will be waived by release of this message from and by electronic mail. If the person actually receiving this message is not the named recipient of the message or if the named recipient of the message is not the person to whom it is to be delivered, any use, dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone and return the original message to the above address via U.S. Postal Service.

IF YOU DO NOT RECEIVE ALL PAGES, PLEASE TELEPHONE US IMMEDIATELY AT (775) 786-4579.

EXHIBIT

2

Law Offices of Alan R. Smith
505 Ridge Street
Reno, Nevada 89501
(775) 786-4579
(775) 786-3066 (fax)

Alan R. Smith, Esq.

FAX COVER SHEET

TRANSMITTED TO:

TO: Person Most Knowledgeable FAX #: (617) 572-1571
John Hancock Life Insurance Co.

FROM: Holly E. Estes, Esq.

CLIENT/
MATTER: Alfred J.R. Villalobos Case No. BK-N-10-52248-GWZ

DATE: February 6, 2015

| DOCUMENTS | NUMBER OF PAGES |
|--|--------------------|
| Subpoena In A Case Under The Bankruptcy Code | 5 + cover page = 6 |

MESSAGE:

The information contained in this facsimile message is information protected by attorney-client and/or the attorney work product privilege. It is intended only for the use of the individual named above and the privileges are not waived by virtue of this having been sent by facsimile. If the person actually receiving this facsimile or any other reader of the facsimile is not the named recipient or the employee or agent responsible to deliver it to the named recipient, any use, dissemination, distribution or copying of the communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone and return the original message to us at the above address via U.S. Postal Service.

IF YOU DO NOT RECEIVE ALL PAGES, PLEASE TELEPHONE US IMMEDIATELY AT (775) 786-4579.

B256 (Form 256 - Subpoena in a Case under the Bankruptcy Code) (12/07)

UNITED STATES BANKRUPTCY COURT

DISTRICT OF NEVADA

In re ALFRED J.R. VILLALOBOS

- ☐ Affects this Debtor
☒ Affects all Debtors
☐ Affects Arvco Capital Research, LLC
☐ Affects Arvco Financial Ventures, LLC
☐ Affects Arvco Art, LLC

Debtor.

To: **Person Most Knowledgeable**
John Hancock Life Insurance Co. (USA)
1 John Hancock Way Suite 1350
Boston MA 02217-1350

SUBPOENA IN A CASE UNDER
THE BANKRUPTCY CODE

Case No. BK-N-10-52248-GWZ

Chapter 7

Substantive Consolidated with:

10-52249 Arvco Capital Research, LLC

10-52251 Arvco Financial Ventures, LLC

10-52252 Arvco Art, Inc

- ☐ YOU ARE COMMANDED to appear in the United States Bankruptcy Court at the place, date, and time specified below to testify in the above case.

| | |
|--------------------|---------------|
| PLACE OF TESTIMONY | COURTROOM |
| | DATE AND TIME |

- ☐ YOU ARE COMMANDED to appear at the place, date, and time specified below to testify at the taking of a deposition in the above case.

| | |
|---------------------|---------------|
| PLACE OF DEPOSITION | DATE AND TIME |
| | |

- ☒ YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects at the place, date, and time specified below (list documents or objects):

SEE EXHIBIT "A" ATTACHED HERETO

| | |
|---|--|
| PLACE Law Offices of Alan R. Smith 505 Ridge Street, Reno, Nevada 89501 | DATE AND TIME February 20, 2015 at 10:00 a.m. |
|---|--|

- ☐ YOU ARE COMMANDED to permit inspection of the following premises at the date and time specified below.

| | |
|----------|---------------|
| PREMISES | DATE AND TIME |
| | |

Any organization not a party to this proceeding that is subpoenaed for the taking of a deposition shall designate one or more officers, director, or managing agents, or other persons who consent to testify on its behalf, and may set forth, for each person designated, the matters on which the person will testify. Rule 30(b)(6), Federal Rules of Civil Procedure, made applicable in bankruptcy cases and proceedings by Rules 1018, 7030 and 9014, Federal Rules of Bankruptcy Procedure.

| | |
|--|----------------|
| ISSUING OFFICER SIGNATURE AND TITLE <i>Holly E. Estes, Esq.</i> | DATE 2/6/15 |
| ISSUING OFFICER'S NAME, ADDRESS, AND PHONE NUMBER | |

HOLLY E. ESTES, ESQ., Law Offices of Alan R. Smith, 505 Ridge Street, Reno, Nevada 89501 - (775) 786-4579 - mail@asmithlaw.com

PROOF OF SERVICE

| | | |
|---|---------------------------|--|
| SERVED | DATE 02/06/2015 | PLACE John Hancock Life Insurance Co. (USA) 1 John Hancock Way Suite 1350 Boston MA 02217-1350 |
| SERVED ON (PRINT NAME) Person Most Knowledgeable John Hancock Life Insurance Co. (USA) | | MANNER OF SERVICE Fax: 617-572-1571 Federal Express Tracking #772860343290 U.S. Mail |
| SERVED BY (PRINT NAME) Roanna Bonaldi | | TITLE Legal Assistant to Holly E. Estes, Esq. |

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Proof of Service is true and correct.

Executed on 02/06/2015
DATE

Roanna Bonaldi
SIGNATURE OF SERVER

505 Ridge Street Reno, NV 89501

ADDRESS OF SERVER

Rule 45, Federal Rules of Civil Procedure, Subdivisions (c), (d), and (e), as amended on December 1, 2007, made applicable in cases under the Bankruptcy Code by Rule 9016, Federal Rules of Bankruptcy Procedure:

(c) Protecting a Person Subject to a Subpoena.

(1) Avoiding Undue Burden or Expense; Sanctions. A party or attorney responsible for issuing and serving a subpoena must take reasonable steps to avoid imposing undue burden or expense on a person subject to the subpoena. The issuing court must enforce this duty and impose an appropriate sanction – which may include lost earnings and reasonable attorney's fees – on a party or attorney who fails to comply.

(2) Command to Produce Materials or Permit Inspection.

(A) Appearance Not Required. A person commanded to produce documents, electronically stored information, or tangible things, or to permit the inspection of premises, need not appear in person at the place of production or inspection unless also commanded to appear for a deposition, hearing, or trial.

(B) Objections. A person commanded to produce documents or tangible things or to permit inspection may serve on the party or attorney designated in the subpoena a written objection to inspecting, copying, testing or sampling any or all of the materials or to inspecting the premises – or to producing electronically stored information in the form or forms requested. The objection must be served before the earlier of the time specified for compliance or 14 days after the subpoena is served. If an objection is made, the following rules apply:

(i) At any time, on notice to the commanded person, the serving party may move the issuing court for an order compelling production or inspection.

(ii) These acts may be required only as directed in the order, and the order must protect a person who is neither a party nor a party's officer from significant expense resulting from compliance.

(3) Quashing or Modifying a Subpoena.

(A) When required. On timely motion, the issuing court must quash or modify a subpoena that:

(i) fails to allow a reasonable time to comply;

(ii) requires a person who is neither a party nor a party's officer to travel more than 100 miles from where that person resides, is employed, or regularly transacts business in person – except that, subject to Rule 45(c)(3)(B)(iii), the person may be commanded to attend a trial by traveling from any such place within the state where the trial is held;

(iii) requires disclosure of privileged or other protected matter, if no except or waiver applies; or

(iv) subjects a person to undue burden.

(B) When Permitted. To protect a person subject to or affected by a subpoena, the issuing court may, on motion, quash or modify the subpoena if it requires:

(i) disclosing a trade secret or other confidential research, development, or commercial information;

(ii) disclosing an unretained expert's opinion or information that does not describe specific occurrences in dispute and results from the expert's study that was not requested by a party; or

(iii) a person who is neither a party nor a party's officer to incur substantial expense to travel more than 100 miles to attend trial.

(C) Specifying Conditions as an Alternative. In the circumstances described in Rule 45(c)(3)(B), the court may, instead of quashing or modifying the subpoena, order appearance or production under specified conditions if the serving party:

(i) shows substantial need for the testimony or material that cannot be

otherwise met without undue hardship; and

(ii) ensures that the subpoenaed person will be reasonably compensated.

(d) Duties in Responding to a Subpoena.

(1) Producing Documents or Electronically Stored Information. These procedures apply to producing documents or electronically stored information:

(A) Documents. A person responding to a subpoena to produce documents must produce them as they are kept in the ordinary course of business or must organize and label them to correspond to the categories in the demand.

(B) Form for Producing Electronically Stored Information Not Specified. If a subpoena does not specify a form for producing electronically stored information, the person responding must produce it in a form or forms in which it is ordinarily maintained or in a reasonably usable form or forms.

(C) Electronically Stored Information Produced in Only One Form. The person responding need not produce the same electronically stored information in more than one form.

(D) Inaccessible Electronically Stored Information. The person responding need not provide discovery of electronically stored information from sources that the person identifies as not reasonably accessible because of undue burden or cost. On motion to compel discovery or for a protective order, the person responding must show that the information is not reasonably accessible because of undue burden or cost. If that showing is made, the court may nonetheless order discovery from such sources if the requesting party shows good cause, considering the limitations of Rule 26(b)(2)(C). The court may specify conditions for the discovery.

(2) Claiming Privilege or Protection.

(A) Information Withheld. A person withholding subpoenaed information under a claim that it is privileged or subject to protection as trial-preparation material must:

(i) expressly make the claim; and

(ii) describe the nature of the withheld documents, communications, or tangible things in a manner that, without revealing information itself privileged or protected, will enable the parties to assess the claim.

(B) Information Produced. If information produced in a response to a subpoena is subject to a claim of privilege or of protection as trial-preparation material, the person making the claim may notify any party that received the information of the claim and the basis for it. After being notified, a party must promptly return, sequester, or destroy the specified information and any copies it has; must not use or disclose the information until the claim is resolved; must take reasonable steps to retrieve the information if the party disclosed it before being notified; and may promptly present the information to the court under seal for a determination of the claim. The person who produced the information must preserve the information until the claim is resolved.

(e) Contempt.

The issuing court may hold in contempt a person who, having been served, fails without adequate excuse to obey the subpoena. A nonparty's failure to obey must be excused if the subpoena purports to require the nonparty to attend or produce at a place outside the limits of Rule 45(c)(3)(A)(ii).

EXHIBIT A

**DOCUMENTS TO BE PRODUCED BY JOHN HANCOCK LIFE INSURANCE
COMPANY (USA)**

IN ACCORDANCE WITH SUBPOENA

DEFINITIONS:

“VILLALOBOS” shall mean Alfred James Robles Villalobos, aka Alfred J.R. Villalobos, aka Alfred Robles Villalobos, aka Alfred R. Villalobos, aka A.J. Villalobos, aka Al Villalobos, aka Alfred Villalobos, deceased.

“ACR” shall mean Arvco Capital Research, LLC, a Nevada limited liability company.

“AFV” shall mean Arvco Financial Ventures, LLC, a Nevada limited liability company.

“AAI” shall mean Arvco Art, Inc., a Nevada corporation.

“VEBA” shall mean the Alfred James Robles Villalobos Defined Benefit Plan And Trust dated January 1, 2004.

“Defined Benefit Plan” shall mean the Alfred James Robles Villalobos Defined Benefit Plan And Trust dated January 1, 2004.

“Voluntary Employee Trust” shall mean the Alfred James Robles Villalobos Voluntary Employee Welfare Benefit Plan Trust Agreement dated December 1, 2006.

“2007 Family Trust” shall mean the Alfred J.R. Villalobos Family Trust dated April 12, 2007.

“2008 VLIT” shall mean the Alfred R. Villalobos 2008 Life Insurance Trust Agreement dated January 23, 2008.

“2012 VLIT” shall mean the Villalobos Life Insurance Trust dated June 25, 2012.

“VFT” shall mean VFT, Incorporated, a Nevada corporation.

“DOCUMENT” means and includes all materials within the scope of Rule 45 of the Federal Rules of Civil Procedure as adopted by Rule 9016 of the Federal Rules of Bankruptcy Procedure, *including all documents within your possession, custody or control*, and including any and all originals (and copies of originals which are not identical to the originals by reason of any notation made on such copies or otherwise), copies of originals where originals are not available for production, and any kind of written, typewritten, printed or recorded material whatsoever regardless of the source or author thereof, including drafts, of any or all of the following: correspondence, letters, electronic mail (e-mail), notes, memoranda, papers, business records, account ledgers, bank statements, bank checks, statistics, reports, journals, diaries, studies, statements, receipts, returns, summaries, pamphlets, prospectuses, inter-office communication, records of telephone calls, communications, printed matter, invoices, worksheets, transcripts,

maps, blueprints, transactions, files, appointment books, calendars, minutes of meetings, contracts, agreements, understandings, commitments, documents of title, electronic documents and files, instruments of assignment, transfer of conveyance, books, drawings, graphs, photographs, fixtures, charts, aural records, dictated tapes, tape recordings, phonograph recordings, video tapes, compact discs, DVDs, transcriptions, data processing cards, and any other means by which data is stored or preserved electronically, electrically, magnetically, or mechanically, and any other writings and representations of any kind.

“Communication(s)” means any of the following: (a) a written letter, memorandum, email, instant message, text message, or other Document; (b) any telephone call between two or more persons, whether or not such call was by chance or prearranged, formal or informal, and (c) any conversation or meeting between two or more persons, whether or not such contact was by chance or prearranged, formal or informal.

The words “you” and “your” mean and, whenever they appear, shall be interpreted to include you, John Hancock Life Insurance Company (USA), and your affiliates, agents, representatives, employees, servants, officers, investigators, attorneys, experts, partners, representatives, and predecessors past and present.

“Grandchildren’s Trusts” shall mean The Adriana Ivette Villalobos Trust dated January 23, 2008, The Alfred James Villalobos Education Trust dated April 12, 2007, The Carrissa Dolores Villalobos Education Trust dated April 12, 2007, The Christian Villalobos Education Trust dated April 12, 2007, the Emiliano Villalobos Education Trust dated April 12, 2007, and The Jessica Kinley Rae Villalobos Education Trust dated April 12, 2007.

If any of the information or documents requested are withheld by you on the basis of any objection, including, without limitation, any objections based upon any privilege and work product doctrine, for each such item of information and each such document, specify the following:

- A. The title of the document or other identifying data;
- B. The identity of the author of the document or information and any other persons who assisted in the preparation of the document or information;
- C. The date of the document or information or if no date is known, the approximate date that the document or information was generated;
- D. A description of the general subject matter addressed in the document or to which the information relates; and
- E. The identity of each person having received the original or copies of the document or information.

If the document or information in question was, but no longer is, in your possession (a) state what disposition was made of the document or information; (b) identify each person having possession, care, custody or control of the original or copies of the document or information, and provide such person’s or entity’s address and telephone number; and (c) state the basis upon which you have withheld production of the document or information in question.

* * *

DOCUMENTS TO BE PRODUCED

1. Any and all Documents and/or Communications relating to any life insurance policy issued by you and owned by Villalobos, ACR, AFV, AAI, VEBA, Defined Benefit Plan, Voluntary Employee Trust, 2007 Family Trust, 2008 VLIT, 2012 VLIT, VFT, or Grandchildren’s Trusts.

2. Any and all Documents and/or Communications relating to any life insurance policy issued by you where Villalobos, ACR, AFV, AAI, VEBA, Defined Benefit Plan, Voluntary Employee Trust, 2007 Family Trust, 2008 VLIT, 2012 VLIT, VFT, or Grandchildren's Trusts is or at any time was the beneficiary.
3. Any and all Documents and/or Communications relating to any life insurance policy issued by you where Villalobos, ACR, AFV, AAI, VEBA, Defined Benefit Plan, Voluntary Employee Trust, 2007 Family Trust, 2008 VLIT, 2012 VLIT, VFT, or Grandchildren's Trusts paid any of the life insurance premium payments.
4. Any and all Documents and/or Communications including any ledger showing when premium payments were received by you and who paid those premiums to you.
5. Any and all Documents and/or Communications issued by you to Villalobos, ACR, AFV, AAI, VEBA, Defined Benefit Plan, Voluntary Employee Trust, 2007 Family Trust, 2008 VLIT, 2012 VLIT, VFT, or Grandchildren's Trusts regarding annual premium payments, account information, or tax documents.
6. Any and all Documents and/or Communications regarding any request or demand made by Villalobos, ACR, AFV, AAI, VEBA, Defined Benefit Plan, Voluntary Employee Trust, 2007 Family Trust, 2008 VLIT, 2012 VLIT, VFT, or Grandchildren's Trusts to change a policy, or any of the parties listed in a policy including the policy's owner, beneficiary, or premium payee.
7. Any and all Documents and/or Communications regarding Policy No. 81 556 854, including a full copy of that policy and any changes thereto after it was originally issued.

Exhibit “AA”

Exhibit “AA”



Statement of Claim for Death Benefit
John Hancock Life Insurance Company (U.S.A.)
 (hereinafter referred to as The Company)

Mailing Address:

John Hancock
 Attn: Life Claims Services R-03
 1 John Hancock Way Suite 1105
 Boston MA 02217-1105

Courier Address:

John Hancock
 Life Claims Services R-03
 27 Drydock Ave Suite 3
 Boston MA 02210-2302

**PRIORITY
OVERNIGHT**

Telephone Inquiries

Customers before 1/1/2005
 1-800-732-5543
 Originally a Manulife Customer or Customer after 12/31/2004
 1-800-387-2747

Complete, sign and return the form together with the insurance policy and a certified death certificate, which indicates the cause and manner of death of the insured person. Additional requirements may also be requested depending on the circumstances.

You, your and yourself refer to the person(s), Trustee(s) or Entity claiming the death benefit, whichever is applicable to the policy(ies).

A - LIST ALL POLICY NUMBERS IF YOU ARE CLAIMING THE DEATH BENEFIT FOR MORE THAN ONE POLICY

Policy Number(s)

a) 8 1 5 5 6 8 5 4

b)

c)

RMIS-32

FEB 10 2015

B - TELL US ABOUT THE PERSON INSURED BY THE POLICY(IES)

a) Name Alfred

First

Villalobos

Last

b) Date of Birth

month day year

c) Also known as Name

First

Middle

Last

d) Place of Birth

City

Country

e) Address 1000 Holly Lane,

Street Address

Lake Village Zephyr Cove

City

NV

State

89449

Zip Code

f) Date of Death

0 1

month

1 3

day

2 0 1 5

year

g) State of Residence Prior to Death

NV

h) Place of Death

i) Cause of Death

j) Employer's Name Retired

k) Employer's Address

Street Address

City

State

Zip Code

C - READ THIS SECTION CAREFULLY IF THE NAMED BENEFICIARY(IES) IS NOT ALIVE

If the last known beneficiary(ies) of the policy(ies) has died, please send us a copy of the beneficiary's death certificate.

D - TELL US ABOUT THE CLAIMANT OF THE DEATH BENEFIT PROCEEDS

i.e., individual, company, executor or trustee, whichever is applicable for this policy(ies).

a) Name Daniel

First

E.

Middle

Apodaca

Last

b) Gender

☒ Male☐ Female

c) Address 301 E. Colorado Blvd.

Street Address

Pasadena

City

CA

State

91101

Zip Code

d) Mailing Address

(if different than Street Address)

Street Address

City

State

Zip Code

e) Date of Birth

month

day

year

f) Relationship to Insured

Business Associate

g) Telephone No.

Business 626-449-6262

Home 626-798-9977

h) E-mail Address

i) Fax No.

j) In what capacity are you claiming the death benefit?

☐ Named Beneficiary - Please complete one form for each named beneficiary and if a beneficiary is former spouse, include copy of divorce settlement.

☐ Executor or Administrator - Please send a court certificate of appointment.

☒ Trustee

☐ Legal Guardian - Please send a court certificate of appointment.

☐ Other -

E - SETTLEMENT OPTIONS

☒ I want a lump sum payment by: ☐ Check or ☒ Electronic Fund Transfer/Wire (EFT only available for policies issued after December 31, 2004.)

☐ I want a John Hancock Safe Access Account

If no selection is made, a check will be issued. If EFT is selected, please complete the Electronic Funds Transfer Information on page 7.

F - STATEMENT OF LOST OR DESTROYED POLICY

Check this box if the policy is lost or destroyed:

☒ The undersigned hereby represents that the above numbered policy was lost or destroyed. This policy is not now assigned, nor has it been otherwise transferred or encumbered in any manner. No person, firm or corporation has or claims the right to possession of this policy.

G - FORM 712 (LIFE INSURANCE STATEMENT)

If you require an IRS Form 712 (Life Insurance Statement) for estate tax purposes, please check this box. ☐

H - READ THIS SECTION CAREFULLY AND COMPLETE IT ONLY IF YOU ARE A TRUSTEE OF THE TRUST THAT IS CLAIMING THE PROCEEDS OF THIS POLICY(IES).

a) Name of Trust Villalobos Life Insurance Trust Dated June 25, 2012 Daniel Apodaca, Trustee

b) Date of Trust 0 6 2 5 2 0 1 2
month day year

c) Name of Trustees Daniel E. Apodaca

If more than one trustee, all trustees must complete and sign this form

Certification

If you have completed this section, you are making the following commitments when you sign this form:

- You certify that you are the trustee(s) of the trust named above.
- You certify that you have the right under the trust to act as the claimant for the policies named in this form.
- You agree that John Hancock doesn't have to determine the original terms of the trust or any revisions to them. You also agree that John Hancock shall not be charged with the knowledge of the trust's provisions. You confirm that neither John Hancock nor its representatives are responsible for inquiring into or shall be charged with the knowledge of the terms of the trust.
- You agree that John Hancock may discharge its obligations under the policies named in this form by relying solely on the signature of the trustee(s) or successor trustee(s) on this form.
- You agree that proof of payment to the trustee(s) of the death claim proceeds will be final and conclusive evidence that payment was made and that all claims and demands of the trustee(s) against John Hancock will have been satisfied.

I - GENERATION-SKIPPING TRANSFER TAX

Are the death benefit proceeds subject to the Generation-Skipping Transfer Tax? ☐ Yes ☐ No

If you answered 'Yes' above, and the proceeds are greater than \$250,000, please submit a Schedule R-1 of IRS Form 706.

J - ADDITIONAL INFORMATION

Complete if any family members are covered under the insurance being claimed.

Please list the names and birth dates of all children born of the marriage of the insured and the insured's Spouse, or of children acquired by the insured as stepchildren or legally adopted children. Please list only living children who have not reached their 25th birthday.

| Full Name of Child/Spouse | Relationship to Insurer | Social Security Number | Birthdate | | | Gender | |
|---------------------------|-------------------------|------------------------|-----------|-----|------|--------------------------|--------------------------|
| | | | month | day | year | M | F |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

Is there any possibility of a posthumous child (a child born after the death of the father)? ☐ Yes ☐ No

K - ALL INDIVIDUAL CLAIMANTS OR TRUSTEES OR EXECUTORS MUST SIGN HERE AND HAVE THEIR SIGNATURE WITNESSED BY A DISINTERESTED THIRD PARTY.

Any person who knowingly and with intent to defraud any insurance company or other persons, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, is subject to criminal prosecution and/or civil penalties. By signing below, you agree under penalties of perjury that the information in this statement is complete and true to the best of your knowledge (please sign as you would sign a check). Refer to "Fraud Warning Notices" insert for your state.

To the extent proceeds are settled by lump sum into a John Hancock Safe Access Account, you further agree to the terms and conditions set forth in the John Hancock Safe Access Account Supplemental Contract, which together with this Statement of Claim forms the entire agreement between you and John Hancock.

Signed at City State This Day of Year
 PASADENA CA 9 FEBRUARY 2015

Signature of Claimant, Trustee(s), Executor or Signing Officer

X

Signature of Witness

X

L - SIGNATURES - ALL CORPORATE CLAIMANTS MUST SIGN HERE AND HAVE THEIR SIGNATURE WITNESSED BY A DISINTERESTED THIRD PARTY

Any person who knowingly and with intent to defraud any insurance company or other persons, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, is subject to criminal prosecution and/or civil penalties. By signing below, you agree under penalties of perjury that the information in this statement is complete and true to the best of your knowledge (please sign as you would sign a check). Refer to "Fraud Warning Notices" insert for your state.

Corporations making a claim must provide either:

- The title and signature of one signing officer along with the corporate seal, or
- Signatures of two signing officers with their titles and the Corporation Name.

Signed at City State This Day of Year

Signature of the First Signing Officer

Name and Title of the First Signing Officer and the Name of Corporation

X

Signature of Witness

X

Signed at City State This Day of Year

Signature of the Second Signing Officer

X

Signature of Witness

X

By providing this form or other claim forms for the convenience of the claimant, John Hancock does not admit any liability or waive any of its rights.



Electronic Funds Transfer Information - Disbursement

The information below needs to be completed if you wish to have your disbursement electronically wired to your bank.

IMPORTANT: In order to expedite your request, please also provide a void check in addition to completing this form.

This form and the void check need to be provided in addition to the other forms in the package you have received.
The funds will only be released if all requirements have been met.

Insured Name Alfred Villalobos

Policyowner's Name Villalobos Life Insurance Trust Dated June 25, 2012 Daniel Apodaca, Trustee

Policy No. 81556854

Name of Bank Citibank, N. A

Name of Account Holder Villalobos Life Insurance Trust Dated June 25, 2012 Daniel Apodaca, Trustee

Owner's Account No. 7143

Address of Bank 315 E. Colorado Blvd.,

City, State, Zip Code Pasadena, CA. 91101

Bank Telephone No. (include area code) 626-585-3631

Bank ABA/Routing (9 digits)

(ABA number must be specific for a Wire transfer) 1724

Attention/Re: _____

For Credit to the Account of Villalobos Life Insurance Trust Dated June 25, 2012 Daniel Apodaca, Trustee

Date

2/9/2015

Signature of Owner/Trustee

[Signature]

Signature of Collateral Assignee

Name - please print

DANIEL E. APODACA

Title

TRUSTEE

Give Form to the requester. Do not send to the IRS.

| | | | | | |
|---|--|---|--|--|--|
| Name (as shown on your income tax return) | | Villalobos Life Insurance Trust Dated June 25, 2012 | | Daniel Apodaca, Trustee | |
| Business name/disregarded entity name, if different from above | | | | | |
| Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____ | | | | Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ | |
| Address (number, street, and apt. or suite no.) 301 E. Colorado Blvd., Suite 800 City, state, and ZIP code Pasadena, CA. 91101 | | | | Requester's name and address (optional) | |
| List account number(s) here (optional) | | | | | |

| | | | | | | |
|---------------------------------------|--|--|--|--|--|--|
| Employer identification number | | | | | | |
| | | | | | | |

Date - 2/9/2015

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1445 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

APODACA & COMPANY

CERTIFIED PUBLIC ACCOUNTANTS

301 EAST COLORADO BOULEVARD, SUITE 800

PASADENA, CALIFORNIA 91101

TELEPHONE (626) 449-6262 FAX (626) 449-0946

E-MAIL: dan@apocpa.com

DANIEL E. APODACA, C.P.A.

SEEMA SHAN, C.P.A.

CHRISTINE MARITATO, C.P.A.

MEMBER

CALIFORNIA SOCIETY OF
CERTIFIED PUBLIC ACCOUNTANTS

AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

February 9, 2015

Attn: Mr. Nazim Shaw
John Hancock Life Claims Services R-03
27 Drydock Ave., Suite 3
Boston, MA. 02210-2382

Dear Mr. Nazim Shaw,

SUBJECT: DEATH BENEFIT CLAIM FOR POLICY # 81556854

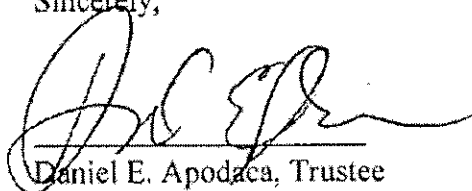
Enclosed are the following documents for the deceased, Alfred Villalobos:

- Statement of Claim for Death Benefit
- Electronic Funds Transfer Information - Disbursement
- W-9

The copy of the Villalobos Life Insurance Trust (See Sec. 1.3,1.4 and Signature Page)
and Death Certificate were previously provided to you.

I kindly request you to expedite the claims process. Should you have any questions,
please feel free to contact me at (626) 449-6262.

Sincerely,



Daniel E. Apodaca, Trustee

Exhibit “BB”

Exhibit “BB”



FAX COVER SHEET

Date and time of transmission: Thursday, February 12, 2015 8:16:10 AM
Number of pages including this cover sheet: 07

From: Name: Susan Amicucci
Fax Number:
Voice Phone: Susan Amicucci

To: Name: Image Ops
Company:
Fax Number: 617-572-1571
Voice Phone:

Comments:

Work Request from Life Claims Services TXN 13 81 556 854 CSWB

If you have any problems receiving information please phone.

Note: this communication is intended only for the recipient named above. It may contain information that is privileged, confidential and subject to copyright. Any unauthorized use, copying, review or disclosure is prohibited. Please notify the sender immediately if you have received this communication in error (by calling collect, if necessary) so that we can arrange for its return at our expense.

Thank you for your assistance and cooperation.

The Manufacturers Life Insurance Company

EXHIBIT BB 27

Please scan to Policy No. 81 556 854 CSWB CLAIM PAID

checklist.xls

ck.pdf

Million \$.doc

Susan Amicucci
Claims Analyst
Life Operation, John Hancock Life Insurance
ST 4, B69
Tel: 416-926-4878
Fax: 416-852-5980
susan_amicucci@jhancock.com

Claims Analyst Payment Checklist

| | | | | | |
|--|----------|--------------------------------|--|---|----------|
| POLICY NO(S) | | 81 556 854 - Alfred Villalobos | | | |
| COD Code | | 095.5 - Gun shot-Suicide | | | |
| Searches | Y | N | Payment | Y | N |
| Bridger Insight • MA • TX / ND Child Support | y | | Payment Letter | y | |
| Colorado Death Cert. Serial # no's 309695 to 310000 checked | | | Accounting | Trad/UL/VUL KeyPlus/PALLM TOPP PALLM/Jets | y |
| State Reporting Death Notice Required, if applicable | | | COD | KeyPlus (Trad 4,4 TOPP UL/VUL 0,1) | y |
| Indiana - Estate - within 10 days of payment | | | 1099int | | y |
| Louisiana - Estate deaths prior to March 2007 | | | 712 completed | | |
| New Jersey -Form 071 on everything except beneficiary | | | Finalize TAI | | y |
| Oklahoma - Death prior to 2010, > \$2,500.00 on notification | | | Notepad | | y |
| Rhode Island - Over \$50,000.00 | | | MIS | | y |
| South Dakota - Estate | | | VUL / McCamish (update L drive) | | |
| Tennessee - All within 10 days of payment | | | Update Million \$ Dollar list / Update Viatical list | | y |
| Consent Required, if applicable | | | NY File - Update NY Database | | |
| Ohio - Over \$25,000.00 Bene-Estate (DOD before 01/01/2013) | | | Notify DB adjustment > \$30,000.00 | | |
| MIS / List Update | | | Paid through CDS/Delete CDS Cheque | | |
| • Accelerated Death Benefit | | | Copy of payment transaction scanned | | |
| • Million Dollar List | y | | Check F screen - TRAD policies | | |
| • Simultaneous Death/Joint Life Status | | | Copies sent for Scanning | | |
| • COLI/TOLI/STOLI | | | | | |
| Claim Approved by: | | | Date Feb 11/15 | | |

Manulife..

12/02/2015 8:16:45 AM PAGE 4/007 Fax Server

JHAV0086



Wire/ACH Credit Requisition (TCS)

Page: 1

| | |
|---------------|------------------|
| Status | In Progress |
| Client ID | 0000000402 |
| Template Name | PV Manulife Wire |

| | |
|---------------------|--|
| Priority Flag | |
| Confirmation Number | |
| Client ID | |

| | | | | | | | | |
|-------------------|------------|------------|-------|----------------|-------------|---------------|----------------|-----------------|
| WIRE TYPE | Bank Ident | Debit Curr | Co ID | Seg Fund Co ID | Approv W/A | Value Date | Debit Amount | Policy Category |
| US Domestic | 000880 | USD | 00019 | 0284 | | 2015/02/13 | \$9,073,918.31 | EXT |
| Internal Transfer | | | | | Credit Curr | Credit Amount | Exchange Rate | |

Bank Name
Bank Address

CITIBANK N.A.

Beneficiary Bank Code
City

Bank ABA (USD Wire & ACH)

Credit Party
Credit Party Address32221724
VILLALOBOS LIFE INS TR DTG 6/25/12Account Number
Payment Details/ Further Credit to:4201566743
INS ALFRED VILLALOBOS POLICY NO. 81 556 854IBAN (International Wires)
Intermediary Bank Name
Intermediary Bank AddressIntermediary Bank Code
City

Bank ABA (USD Wire & ACH)

ACH

BU Reference

DEATH CLAIM

| | | | |
|----------------|--------------|-------------------|----------------------------|
| Requested By | Phone Number | For Business Unit | Location |
| Susan Amicucci | 820382 | US INDIVIDUAL | 200 Bloor Street East, ST6 |

First Authorizing Person
SignatureSecond Authorizing Person
SignatureRequested by : mldomain11amcucu @ 2015/02/11 08:48:14 AM EST
Approved by (1) : prdgendroik @ 2015/02/12 07:44:40 AM ESTTreasury Cash Operations Use Only
Date Received
Sign Verified by

Released by:

Approved by:



Wire/ACH Credit Requisition (TCS)

Page: 2

| | |
|---------------|----------------|
| Status | In Progress |
| CEID | 0402 |
| Template Name | PV ManUSA Wire |

| | |
|---------------------|--|
| Priority Flag | |
| Confirmation Number | |
| Client ID | |

| | | | | | | | | |
|-------------|------------|-----------|-------|----------------|------------|------------|----------------|-----------------|
| EFT Type | Bank Ident | Debit Ctr | Co ID | Seg Fund Co ID | Approv W/A | Value Date | Debit Amount | Policy Category |
| US Domestic | 000980 | USD | 00019 | | 0284 | 2015/02/13 | \$9,013,918.31 | EXT |

With Accounting

| Non-Acctg Contract | | Non-Acctg Certificate | | Non-Acctg Agent Number | | Non-Acctg Report Number | | Residence Code | | |
|--------------------|-----------------|-----------------------|-------------|------------------------|-------|-------------------------|---------|----------------|--------------|--|
| Item# | Accounting Unit | Account | Sub Account | Accounting Amount | DR/CR | Activity | Alt W/A | Contract | Agent Number | |
| 1 | UD00000 | 931031 | 0000 | \$9,013,918.31 | DR | | 2092 | P000091556824 | | |
| Comment | | | | | User | Date/Time | | | | |

| | | | |
|----------------|--------------|-------------------|-----------------------------|
| Requested By | Phone Number | For Business Unit | Location |
| Susan Antleuci | 820362 | US INDIVIDUAL | 200 Blount Street East, ST5 |

| | | | |
|--------------------------|-----------|---------------------------|-----------|
| First Authorizing Person | Signature | Second Authorizing Person | Signature |
| Kelin Gendron | | | |

| | | | | | |
|---------------------|---------------------|----------------------------|------------------|-------------|-------------|
| Requested by | Approved by (1) | Date Received | Sign Verified by | Released by | Approved by |
| mliddon@manulife.ca | pridgen@manulife.ca | 2015/02/11 08:48:14 AM EST | | | |

[Handwritten Signature]



Claims Prepayment Review

Policy No. 81 556 854

**CLAIMS APPROVAL CHECKLIST
PREPAYMENT REVIEW
Claims \$100,000.00 - \$2,500,000.00**

Signer 1: Verify that the following is correct:

- ☐ Correct Insured
- ☐ Correct Beneficiary/Contingent Beneficiary
- ☐ Death Certificate (certified)
- ☐ Correct Death Benefit Amount
- ☐ Correct Name(s) and amount on Wire
- ☐ Requisition are correct
- ☐ On-Line Payment Approval Completed (by-signer 1)

Checked by: _____

Date: _____

Insured Alfred Villalobos

CEID [REDACTED] 0402

Amount \$9,013,918.31

SA

**CLAIMS APPROVAL CHECKLIST
PREPAYMENT REVIEW
Claims over \$2,500,000.00**

Signer 1: Verify that the following is correct:

- ☐ Correct Insured
- ☐ Correct Beneficiary/Contingent Beneficiary
- ☐ Death Certificate (certified)
- ☐ Correct Death Benefit Amount
- ☐ Correct Name(s) and amount on Wire
- Requisition are correct

Checked by: _____

Date: _____

**CLAIMS APPROVAL CHECKLIST
PREPAYMENT REVIEW
Claims over \$2,500,000.00**

Signer 2: Verify that the following is correct:

- ☐ Correct Insured
- ☐ Correct Beneficiary/Contingent Beneficiary
- ☐ Death Certificate (certified)
- ☐ Correct Death Benefit Amount
- ☐ Correct Name(s) and amount on SAA
Request/Check Requisition/Wire Transfer
are correct

Checked by: _____

Date: _____

General Comments:



Claims Prepayment Review

Exhibit “CC”

Exhibit “CC”

REDACTED



FAX COVER SHEET

Date and time of transmission: Thursday, February 12, 2015 8:10:36 AM
Number of pages including this cover sheet: 10

From: Name: Susan Amicucci
Fax Number:
Voice Phone: Susan Amicucci

To: Name: Image Ops
Company:
Fax Number: 617-572-1571
Voice Phone:

Comments:

Work Request from Life Claims Services TXN 13 81 556 854 CSWB

If you have any problems receiving information please phone.

Note: this communication is intended only for the recipient named above. It may contain information that is privileged, confidential and subject to copyright. Any unauthorized use, copying, review or disclosure is prohibited. Please notify the sender immediately if you have received this communication in error (by calling collect, if necessary) so that we can arrange for its return at our expense.

Thank you for your assistance and cooperation.

The Manufacturers Life Insurance Company

EXHIBIT 63 CC 00

Please scan to Policy No. 81 556 854 CSWB CLAIM PAID

81556854.pdf

aba.pdf

approval NS.pdf

approval.pdf

bridger 1.pdf

bridger 2.pdf

Susan Amicucci
Claims Analyst
Life Operation, John Hancock Life Insurance
ST 4, B69
Tel: 416-926-4878
Fax: 416-852-5980
susan_amicucci@jhancock.com

Claim checked by: Susan Amicucci

FRFS: Fedwire Participant Details

Page 1 of 1



[Home](#) | [Access FedLine®](#) | [Sign Up For FedLine](#) | [Contact Us](#) | [About Us](#)

Federal Reserve Financial Services

Creating Nationwide Solutions for Your Payment Needs

* [Products and Services](#)

* [Fedwire® and FedACH® Routing Numbers](#)

* [Reference Guides and Operating Circulars](#)

* [Fee Schedules](#)

* [Testing Opportunities](#)

* [Fedwire Status](#)

* [Holiday Schedules](#)

* [Get Information By District](#)

* [Events and Seminars](#)

* [Subscribe to Email Notification](#)

Financial Services

Federal Reserve E-Payments Routing Directory

- * [Search for Fedwire Participants](#)
- * [Download E-Payments Routing Directories](#)
- * [Search for FedACH Participant](#)
- * [Receiving Depository Financial Institutions \(RDFIs\) with commercial receipt volume](#)
- * [Federal Reserve Routing Information](#)
- * [Fedwire Treasury Routing Information](#)
- * [Frequently Asked Questions](#)

Fedwire Participant Details

Name, location, and routing information

Bank Name CITIBANK, N.A.
Location OAKLAND, California
Routing Number [REDACTED] 172-4
Telegraphic Name CITIBANK WEST FSB
Revised November 7, 2014

Fedwire eligibility

Book-Entry Securities Ineligible
Funds Eligible

[New search](#) [Revise search](#)

[Technical Requirements](#)

The effective date of this Fedwire directory is February 10, 2015.

♦ [Top](#)

This site is a product of the Federal Reserve Banks. Please see [Legal Notices](#) and [Privacy Policy](#). Pages on this site marked (PDF) require the use of the Adobe Acrobat Reader® 9 or higher. Adobe also provides a more [accessible download page](#). Address comments and questions to the [Financial Services Webmaster](#).

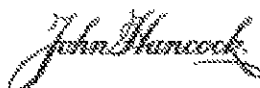


Re: 81556854- Alfred Villalobos \$9+ M Wire
Nazim Shaw for Angela Senis
Cc: Susan Amicucci

02/11/2015 10:16 AM

Angela,
Approved. Please send to officers for approvals. Thanks,

Nazim Shaw | Senior Manager, US Life Claims, USI Claims | John Hancock
200 Bloor Street East | Toronto, Ontario M4W 1E5 | ST3 A17 | T. (416) 852-3148 Ext. 823148 | F. (617)
572-1571
nazim_shaw@hancoc.com | johnhancoc.com



We operate as John Hancock in the U.S. and as Manulife in other parts of the world.

Angela Senis

Good Morning Naz, Please find attached the doc...

02/11/2015 09:08:24 AM

From: Angela Senis/Contract/Manulife
To: Nazim Shaw/US Division/Manulife@Manulife,
Cc: Susan Amicucci/US Division/Manulife@Manulife
Date: 02/11/2015 09:08 AM
Subject: 81556854- Alfred Villalobos \$9+ M Wire

Good Morning Naz,

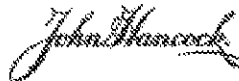
Please find attached the documents for the \$9 + M case to be reviewed. CEID: ██████████0402



3104_001.pdf

Thanks.

Angela Senis | Claims Assistant, USI Claims
200 Bloor St. East | Toronto, ON M4W 1E5 | ST3-A13 | T. 416-852-2358 Ext. 822358
Angela_Senis@hancoc.com | johnhancoc.com



We operate as John Hancock in the U.S. and as Manulife in other parts of the world.





Claims Prepayment Review

Policy No. 81 556 854

CLAIMS APPROVAL CHECKLIST
PREPAYMENT REVIEW
Claims \$100,000.00 - \$2,500,000.00

Signer 1: Verify that the following is correct:

- ☐ Correct Insured
- ☐ Correct Beneficiary/Contingent Beneficiary
- ☐ Death Certificate (certified)
- ☐ Correct Death Benefit Amount
- ☐ Correct Name(s) and amount on Wire
- ☐ Requisition are correct
- ☐ On-Line Payment Approval Completed (by-signer 1)

Checked by: Nazim approved online

Date: _____

Insured Alfred Villalobos

CEID 150420100402

Amount \$9,013,918.31

SA

CLAIMS APPROVAL CHECKLIST
PREPAYMENT REVIEW
Claims over \$2,500,000.00

Signer 1: Verify that the following is correct:

- ☒ Correct Insured
- ☒ Correct Beneficiary/Contingent Beneficiary
- ☒ Death Certificate (certified)
- ☒ Correct Death Benefit Amount
- ☒ Correct Name(s) and amount on Wire
- Requisition are correct

Checked by: Jill Rebman

Date: Feb 11 / 2015

CLAIMS APPROVAL CHECKLIST
PREPAYMENT REVIEW
Claims over \$2,500,000.00

Signer 2: Verify that the following is correct:

- ☐ Correct Insured
- ☐ Correct Beneficiary/Contingent Beneficiary
- ☐ Death Certificate (certified)
- ☐ Correct Death Benefit Amount
- ☐ Correct Name(s) and amount on SAA
- Request/Check Requisition/Wire Transfer are correct

Checked by: Keith Gendron

Date: _____

General Comments:



Wire/ACH Credit Requisition (TCS)

Status: ☐ In Progress ☒ Completed
 Confirmation Number: 0402
 Template Name: PV/ManUSA Wire

Priority Flag: ☐
 Client ID:
 Policy Category: EXT
 Debit Amount: \$9,033,918.31
 Value Date: 20150213
 Approv. W/A: 0284
 Seg Fund Co ID: 00019
 Co ID: 00019
 Debit Curr: USD
 Bank Ident: 000380
 Internal Transfer: ☐

Bank Name: CITIBANK N.A.
 Bank Address:
 Beneficiary Bank Code:
 City:
 Credit Party:
 Credit Party Address:
 Account Number: 42155857143
 Payment Details/ Further Credit to: INS. ALFRED VILLALOBOS-POLICY NO. 61 556 854
 IBAN (International Wires):
 Intermediary Bank Name:
 Intermediary Bank Address:
 City:
 Intermediary Bank Code:
 ACH:
 BU Reference: DEATH CLAIM

Requested By: Susan Amicoud
 Phone Number: 820352
 First Authorizing Person: Jill Robinson
 Signature: *Jill Robinson*
 Second Authorizing Person: Keith Gendron
 Signature: *Keith Gendron*
 Requested by: mfdomah1amcousu @ 20150211 08:48:14 AM EST
 For Business Unit: US INDIVIDUAL
 Location: 200 Bloor Street East, ET5
 Treasury Cash Operations Use Only
 Date Received:
 Sign Verified by:
 Released by:
 Approved by:

Exhibit “DD”

Exhibit “DD”

From: [Holly Estes](#)
To: "[Kristopher Kwan](#)"; mail@asmithlaw.com; [Christina Lovato](#)
Cc: "[Dona Levesque](#)"; "[Rukhsana Kousar](#)"
Subject: RE: Alfred Villalobos Bankruptcy - Extension
Date: Wednesday, February 18, 2015 10:01:15 AM

Kris,

I just spoke to my client and she is agreeable to receiving the requested documents on March 4, 2015. Please let me know if you have any further questions.

Best,

Holly

From: Kristopher Kwan [mailto:Kristopher_Kwan@manulife.com]
Sent: Wednesday, February 18, 2015 9:38 AM
To: estes@asmithlaw.com
Cc: Dona Levesque; Rukhsana Kousar
Subject: Alfred Villalobos Bankruptcy - Extension

Hello Ms. Estes,

This is just an email to follow up with the March 4th, 2015 extension requested. Thank you very much for understanding!

Sincerely,

Kristopher Kwan | Contract | US Law Division
John Hancock Financial Services
200 Bloor Street East ST9- A-25
Toronto, ON M4W 1E5
Ph: 416-852-8280 | Extension: 828280
Kristopher_Kwan@manulife.com

STATEMENT OF CONFIDENTIALITY The information contained in this email message and any attachments may be confidential and legally privileged and is intended for the use of the addressee(s) only. If you are not an intended recipient, please: (1) notify me immediately by replying to this message; (2) do not use, disseminate, distribute or reproduce any part of the message or any attachment; and (3) destroy all copies of this message and any attachments.